FY2018 State Formula Survey

Thank you for participating in the FY2018 State Formula survey. Your feedback is very important and will be used to inform statewide public health systems efforts including workforce development and accreditation readiness as well as assist in identification of needs. KDHE has partnered with multiple organizations in the creation of this survey in an attempt to consolidate questions and reduce the number of surveys administered to local health departments throughout the year. Completion of all survey questions is required in order for your health department to be eligible for a State Formula award.

If you have any questions about this survey, please contact Cristi Cain at 785-296-6549 or cristi.cain@ks.gov. Thank you for your participation!

* 1. Name of person completing survey

2. E-mail address of person completing survey

* 3. **2016 Local Tax Revenue Amount:**

* 4. Have you attached a budget in Catalyst?

◯ Yes

◯ No

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Operations

* 5. How many unduplicated individuals does your health department employ? (exclude those whose work is entirely dedicated to home care business)

* 6. How many FTEs do you employ?

[   ]

7. Please list how many of the following professionals your health department employs. Please use percentages for personnel who serve more than one professional role. For example, if you have someone who serves as a preparedness coordinator half time and a health educator half time, enter .50 in each box.

Administrator	[ ]
Analyst	[ ]
APRN	[ ]
Breastfeeding Peer Counselor	[ ]
Child Care Licensing Surveyor	[ ]
Clerical/office professional (financial, HR, billers, bookkeeping)	[ ]
Community Health Worker	[ ]
Dietician	[ ]
Epidemiologist	[ ]
Facilities/Maintenance	[ ]
Health Educator	[ ]
Interpreter	[ ]
IT	[ ]
Laboratorians	[ ]
LPN	[ ]
Nurse Aide	[ ]
Pharmacist	[ ]
Physician	[ ]
Physician Assistant	[ ]
Prenatal/Newborn Home Visitor	[ ]
Preparedness Coordinator	[ ]

Public Information Officer/Communications	
RN	
Sanitarian	
Social Worker	
Other	
If other was entered, please specify here	

* 8. How many new employees did your health department hire between July 1, 2015 and June 30, 2016?

* 9. How many positions did you lose due to budget cuts between July 1, 2015 and June 30, 2016?

* 10. Please list the amounts your health department received in 2016 (January 1, 2016-December 31, 2016) from each of the following funding sources (enter 0 for sources from which you have no funding):

Federal	
State	
Local	
Fees for service	
Private foundations	
Donations/gifts	
Other	

* 11. Please indicate which services your health department provides:

	Currently offer	Have offered in the past but no longer offer	Have never offered
Becoming a Mom	○	○	○
Breastfeeding support	○	○	○
Car seats	○	○	○
Case management	○	○	○
Childcare provider licensing	○	○	○

	Currently offer	Have offered in the past but no longer offer	Have never offered
Dental education	○	○	○
Dental preventive services	○	○	○
Dental restorative services	○	○	○
Disease investigation/follow-up	○	○	○
Environmental (water testing, nuisance inspections, etc.)	○	○	○
Family planning/women's health	○	○	○
Foot care	○	○	○
Health education	○	○	○
Health screening	○	○	○
Healthy Start Home Visitors	○	○	○
Home health	○	○	○
Hospice	○	○	○
Immunizations	○	○	○
KanBe Healthy screening	○	○	○
Laboratory services	○	○	○
Navigator	○	○	○
Pre/post-natal services	○	○	○
Preparedness	○	○	○
School health services	○	○	○
Senior services	○	○	○
STI testing/counseling	○	○	○
WIC	○	○	○
Worksite wellness	○	○	○
Other	○	○	○

If other, please specify

12. If you responded that have offered a service in the past but no longer offer it, please explain why you no longer offer the service.

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└─────────────────────────────┘
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* 13. What type(s) of technical assistance would be helpful for your health department to receive?

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│                                                       │
│                                                       │
│                                                       │
└───────────────────────────────────────────────────────┘
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* 14. Does your health department contract with the Kansas Statewide Farmworker Health Program?

○ Yes   ○ No

○ No, but we are interested in more information   ○ I do not know

* 15. Approximately what percentage of your total clients/patients speak a primary language other than English?

○ Zero   ○ 76-99%

○ 1-25%   ○ All

○ 26-50%   ○ I do not know

○ 51-75%

* 16. How does your health department deal with the need for interpretation/translation? Please select all that apply.

☐ Bilingual provider   ☐ Patient needs to bring his/her own interpreter

☐ Interpreter on staff   ☐ Program provides interpretation (such as Kansas Statewide Farmworker Health Program)

☐ Bilingual staff pulled from normal position

☐ Phone line interpretation service   ☐ Non-bilingual staff use dictionaries and hand signals

                                                  ☐ We have no need for interpretation/translation

* 17. What is your knowledge level regarding radon?

○ Very knowledgeable   ○ Not at all knowledgeable

○ Somewhat knowledgeable

* 18. What is your comfort level educating those in your community about the dangers of radon?

( ) Very comfortable   ( ) Not at all comfortable

( ) Somewhat comfortable

FY2018 State Formula Survey

Kansas Health Matters

* 19. How often do you use the Kansas Health Matters website?

( ) Frequently   ( ) Rarely

( ) Occasionally   ( ) Not at all

* 20. How helpful is the Kansas Health Matters website?

( ) Very helpful   ( ) Not at all helpful

( ) Somewhat helpful   ( ) Have not used the site

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Disease Investigation

* 21. **Tell us about your staff who conduct disease investigations:**

Number of full time disease investigation staff [   ]

Number of part time disease investigation staff [   ]

Number of staff trained to conduct disease investigations [   ]

* 22. What barriers do you encounter with regard to disease investigation?

[   ]

Billing/Health Information

* 23. To what sources of revenue do you bill for services (within the limitations of the payer/service)? Please select all that apply.

☐ Private insurance   ☐ Workers' compensation

☐ Medicare   ☐ Self pay

☐ Medicaid/CHIP/KanCare

* 24. How many different private insurance companies do you bill?

[   ]

* 25. What is your local health department's primary system to contain and organize patient/client health information in-house? (does not apply to billing records)

○ Paper records   ○ An electronic health record (EHR) system

○ Basic software (Word, Access, Excel)   ○ A practice management system (PC-ACE Pro32, KIPHS, etc)

○ A federal or state provided system

○ Other (please specify)

[   ]

26. If you use one, please identify the specific EHR or practice management systems you currently use for tracking patient/client health information.

[   ]

* 27. If you do NOT currently have an EHR, do you have plans to install one in the next 18 months?

○ Yes, we are in the installation process now.   ○ An EHR is not in our plans at this time.

○ Yes, we are shopping for a system now.   ○ We have an EHR.

○ We would like an EHR system, but cannot find the funding or make a decision.

* 28. If you currently have or are working to implement an EHR, are you doing so in collaboration with another entity such as a private clinic, safety net clinic, hospital, other health department or other entity? If so, please tell us who that other organization is, your arrangement (contract sharing, MOU or other) and what EHR you are using.

[   ]

* 29. Does your department have access to the state Health Information Exchange (HIE) through either KHIN or LACIE? (access could include email and the ability to send, receive or query information)

○ Yes   ○ I don't know

○ No

* 30. Does your department actively access patient/client health information through the state Health Information Exchange (KHIN or LACIE) regularly (at least monthly)?

○ Yes   ○ I don't know

○ No

* 31. If yes, what do you use this information for? Please select all that apply.

☐ Referrals   ☐ Transfer of care

☐ Assessments   ☐ Update patient/client contact information

☐ Follow-up care   ☐ Verification of patient/client health information

☐ Other (please specify)

[   ]

* 32. What data systems are you required to use to meet grant, program and other requirements (e.g. DAISEY, WebIZ)? Please select all that apply.

☐ DAISEY   ☐ LIMS

☐ Catalyst   ☐ KSWIC

☐ WebIZ   ☐ Home Health/Hospice

☐ EpiTRAX

☐ Other (please specify)

[   ]

* 33. How is insurance claim information collected and tracked? (select only one)

- ◯ KIPHS
- ◯ Paper forms
- ◯ Excel or other Office software
- ◯ PC-ACE Pro 32
- ◯ EHR
- ◯ Transact RX
- ◯ Only tracked in KMAP, EDIMidwest, or other online submission systems
- ◯ Other (please specify)

  [   ]

* 34. How is insurance claim information submitted? (select all that apply as a regular, standard practice ignoring cases where you might have operated outside the norm)

- ☐ KIPHS
- ☐ Paper forms (mailed or faxed)
- ☐ PC-ACE Pro32
- ☐ EHR
- ☐ TransactRX
- ☐ WPS
- ☐ Direct entry into online systems such as KMAP, EDIMidwest, or provider systems
- ☐ Other (please specify)

  [   ]

* 35. What systems do you use to regularly track financial/billing information as it relates to service fees and insurance claims?

☐ KIPHS

☐ EHR

☐ Quickbooks

☐ Excel

☐ Paper ledger

☐ County system (name if known in box below)

☐ Other (please specify)

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[                                        ]
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* 36. In terms of public health information and the systems mentioned above, are there areas you feel your staff could use more training/additional support (e.g. software)?

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[                                                              ]
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FY2018 State Formula Survey

ACCREDITATION READINESS

* 37. Many non-profit hospitals are on a 3-year cycle for conducting a Community Health Needs Assessment. Is your local hospital making plans to conduct an assessment in 2017?

○ Yes, the hospital is planning to conduct an assessment in the coming year and they have invited us to participate.

○ Yes, the hospital is planning to conduct an assessment but they have not invited us to participate.

○ Assessment completed in a previous year (health department participated).

○ Assessment completed in a previous year (health department did not participate).

○ There is a non-profit hospital in my community but they do not have plans to conduct a community health needs assessment.

○ There is a non-profit hospital in my community but we are not aware of any discussion about a community health assessment.

○ There is no non-profit hospital in my community.

* 38. Does your health department plan to apply for PHAB accreditation?

○ Yes, in 2017

○ Yes, in 2018

○ We plan to apply, but are unsure about the date.

○ My health department does not plan to apply for accreditation.

○ We have already applied.

○ We are accredited but have not started the reaccreditation process.

○ We are accredited and have started the reaccreditation process.

* 39. What is your level of familiarity with the PHAB Standards and Measures?

○ Very familiar

○ Somewhat familiar

○ Not at all familiar

* 40. Does your health department plan to use PHAB standards to improve your work, regardless of your intent to formally seek accreditation?

○ Have not considered

○ Considering, but have not decided

○ Yes, we plan on it.

○ We are already using PHAB standards.

* 41. The director of the health department supports seeking PHAB accreditation/reaccreditation.

○ Strongly agree

○ Agree

○ Disagree

○ Strongly disagree

* 42. The Board of Health or other governing entity supports seeking PHAB accreditation/reaccreditation.

○ Strongly agree

○ Agree

○ Disagree

○ Strongly disagree

11

* 43. Have you developed the following plans and processes?

	Yes	No	In process
Community health assessment	○	○	○
Community health improvement plan	○	○	○
Strategic plan	○	○	○
Workforce development plan	○	○	○
Performance management system	○	○	○
Quality improvement plan	○	○	○

* 44. The health department has a process to systematically review department policies and procedures and revise and date them as needed.

○ Yes

○ No

○ Unsure

* 45. The health department has evidence that collaboration with tribal, state, or community partners and stakeholders is inherent in how the health department conducts planning, develops policy, and completes its work.

○ Yes

○ No

○ Unsure

* 46. In which PHAB domain(s) do you have the greatest gaps and/or the greatest need for technical assistance? Please select all that apply.

- [ ] Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community
- [ ] Domain 2: Investigate health problems and environmental public health hazards to protect the community
- [ ] Domain 3: Inform and educate about public health issues and functions
- [ ] Domain 4: Engage with the community to identify and address health problems
- [ ] Domain 5: Develop public health policies and plans
- [ ] Domain 6: Enforce public health laws

- [ ] Domain 7: Promote strategies to improve access to health care
- [ ] Domain 8: Maintain a competent public health workforce
- [ ] Domain 9: Evaluate and continuously improve processes, programs, and interventions
- [ ] Domain 10: Contribute to and apply the evidence base of public health
- [ ] Domain 11: Maintain administrative and management capacity
- [ ] Domain 12: Maintain capacity to engage the public health governing entity

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Quality Improvement

Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

* 47. My public health department currently has a culture that focuses on continuous quality improvement.

- ( ) Strongly agree
- ( ) Agree
- ( ) Disagree
- ( ) Strongly disagree

* 48. The leaders of my public health department are trained in basic methods for improving quality, such as Plan-Do-Study-Act.

- ( ) Strongly agree
- ( ) Agree
- ( ) Disagree
- ( ) Strongly disagree

* 49. My public health department currently has sufficient capacity to engage in quality improvement efforts.

○ Strongly agree

○ Agree

○ Disagree

○ Strongly disagree

* 50. Customer satisfaction information is routinely used by individuals responsible for programs and services in my public health department.

○ Strongly agree

○ Agree

○ Disagree

○ Strongly disagree

* 51. The key decision makers in my health department believe quality improvement is very important.

○ Strongly agree

○ Agree

○ Disagree

○ Strongly disagree

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Cross Jurisdictional Sharing/Foundational Public Health Services

READ THIS FIRST: Foundational Public Health Services (FPHS)
The FPHS are the suite of skills, programs, and activities that should be available in every community through state or local public health agencies as basic components to keep the public safe and healthy. The FPHS are primarily population-based preventive health services that are best addressed by governmental public health and may be mandated by state or federal law. The model consists of Foundational Capabilities and Foundational Areas. The Foundational Capabilities are the cross-cutting skills that need to be present everywhere for the system to work anywhere. They are the essential skills and capacities which support the Foundational Areas. Foundational Areas are the substantive areas of expertise or program-specific activities. For a full list of the current FPHS for Kansas, please click here.

Cross-Jurisdictional Sharing:

Cross-jurisdictional sharing is the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver public health services. For more information about cross-jurisdictional sharing, please <u>click here</u>.

* 52. Does your public health department currently engage in any cross-jurisdictional shared services with another county, military base, or tribal entity?

  ◯ Yes

  ◯ No

  ◯ We are currently considering/developing a shared services agreement.

* 53. Which of the following Foundational Capabilities (skills and capacities) do you share, in part or entirely, with another organization? (Check all that apply)

☐ Assessment (including the ability to develop a Community Health Assessment, the ability to collect primary and secondary data, the ability to identify patterns of disease (epidemiology), the ability to evaluate programs, etc.)

☐ All Hazards Preparedness/Response (including the ability to develop and rehearse emergency response strategies and plans, the ability to promote community preparedness and resilience, the ability to issue emergency health orders, the ability to be notified and respond to emergencies on a 24/7 basis, etc.)

☐ Communications (including the ability to work with media outlets, the ability to develop and implement a strategic communications plan, the ability to communicate in culturally and linguistically appropriate formats, etc.)

☐ Policy Development & Support (including the ability to identify evidence-based public health policy recommendations, the ability to utilize health in all policies (HiAP), the ability to enforce public health mandates, etc.)

☐ Community Partnership Development (including the ability to develop a community health improvement plan, the ability to convene a broad-sector assembly of partners to promote public health, the ability to work with community members and organizational partners to identify community assets and resources, etc.)

☐ Organizational Competencies (including the ability to serve as the face of governmental public health in the community, the ability to develop a strategic plan, the ability to conduct quality improvement and maintain a performance management system, the ability to keep protected health information confidential, the ability to recruit and retain a competent public health workforce, etc.)

☐ Health Equity and the Social Determinants of Health (including the ability to recognize and understand the determinants of health disparities within the community, the ability to coordinate programming to reduce health disparities, etc.)

☐ None

☐ Other (please specify)

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* 54. Which of the following Foundational Areas (programs or services) do you share, in part or entirely, with another organization? (Check all that apply)

☐ Communicable Disease Control (including laboratory services, disease investigations, immunizations, communicable disease screening/treatment, etc.)

☐ Health Promotion and Chronic Disease and Injury Prevention (including health promotion, population-based primary prevention programs, identifying evidence-based interventions, working to reduce rates of tobacco use and substance abuse, working to increase rates of healthy eating and active living, promotion of mental health and well-being, etc.)

☐ Environmental health (including child care inspections, blood lead case management, nuisance abatement, participation in land use planning and sustainable development, etc.)

☐ Maternal and child health services (including interventions to lower infant mortality and pre-term births, and to optimize lifelong health and social-emotional development, etc.)

☐ Access to Clinical Care (including the assurance of access to family planning services, STD and HIV testing and treatment, linking community members to care, etc.)

☐ None

☐ Other (please specify)

[ ]

* 55. Do you anticipate developing new/additional cross-jurisdictional shared services in the next two to three years?

○ Yes

○ No

○ Unsure

* 56. Which of the following Foundational Capabilities (skills and capacities) might you consider sharing, in part or entirely, with another organization? (check all that apply)

☐ Assessment (including the ability to develop a Community Health Assessment, the ability to collect primary and secondary data, the ability to identify patterns of disease (epidemiology), the ability to evaluate programs, etc.)

☐ All Hazards Preparedness/Response (including the ability to develop and rehearse emergency response strategies and plans, the ability to promote community preparedness and resilience, the ability to issue emergency health orders, the ability to be notified and respond to emergencies on a 24/7 basis, etc.)

☐ Communications (including the ability to work with media outlets, the ability to develop and implement a strategic communications plan, the ability to communicate in culturally and linguistically appropriate formats, etc.)

☐ Policy Development & Support (including the ability to identify evidence-based public health policy recommendations, the ability to utilize health in all policies (HiAP), the ability to enforce public health mandates, etc.)

☐ Community Partnership Development (including the ability to develop a community health improvement plan, the ability to convene a broad-sector assembly of partners to promote public health, the ability to work with community members and organizational partners to identify community assets and resources, etc.)

☐ Organizational Competencies (including the ability to serve as the face of governmental public health in the community, the ability to develop a strategic plan, the ability to conduct quality improvement and maintain a performance management system, the ability to keep protected health information confidential, the ability to recruit and retain a competent public health workforce, etc.)

☐ Health Equity and the Social Determinants of Health (including the ability to recognize and understand the determinants of health disparities within the community, the ability to coordinate programming to reduce health disparities, etc.)

☐ None

☐ Other (please specify)

[   ]

* 57. Which of the following Foundational Areas (programs or services) might you consider sharing, in part or entirely, with another organization? (Check all that apply)

☐ Communicable Disease Control (including laboratory services, disease investigations, immunizations, communicable disease screening/treatment, etc.)

☐ Health Promotion and Chronic Disease and Injury Prevention (including health promotion, population-based primary prevention programs, identifying evidence-based interventions, working to reduce rates of tobacco use and substance abuse, working to increase rates of healthy eating and active living, promotion of mental health and well-being, etc.)

☐ Environmental health (including child care inspections, blood lead case management, nuisance abatement, participation in land use planning and sustainable development, etc.)

☐ Maternal and child health services (including interventions to lower infant mortality and pre-term births, and to optimize lifelong health and social-emotional development, etc.)

☐ Access to Clinical Care (including the assurance of access to family planning services, STD and HIV testing and treatment, linking community members to care, etc.)

☐ None

☐ Other (please specify)

[   ]